

## APPLICATION FOR MEMBERSHIP

The General Manager  
Whangamata Golf Club Incorporated  
PO Box 146  
Whangamata  
Telephone: 07 865 8479

Email: whangamata@golf.co.nz  
Web: [www.whangamatagolf.net.nz](http://www.whangamatagolf.net.nz)  
Fax: 07 865 8303

*I wish to apply for membership of your Golf Club. In doing so, I agree to abide by the rules and etiquette of golf in general and the rules of the Whangamata Golf Club. I understand that if I leave the Club, I remain liable for any outstanding debts at the date of my resignation. I have read and fully understand the criteria and privileges of membership as detailed on the reverse of this application. My payment for the subscription due is enclosed.*

**INTERNET BANKING - BNZ Waihi - 02-0472-0020544-00**

*I am seeking a membership of the following type (Please tick the appropriate box and complete the details below)*

|  |
|--|
| <b>Membership year runs from 1 October 2017<br/>to 30 September 2018</b> |
|--|

Tick

|   |          |      |   |
|---|----------|------|---|
| 18 HOLE FULL PLAYING MEMBER                     | \$820.00 | FP   | <input type="checkbox"/>                |
| 18 HOLE FULL PLAYING VET MEMBER                 |          | VET  | <input type="checkbox" value="CLOSED"/> |
| 9 HOLE FULL PLAYING MEMBER                      | \$580.00 | NINE | <input type="checkbox"/>                |
| COUNTRY MEMBER AFFILIATED TO WHANGAMATA         | \$590.00 | CMA  | <input type="checkbox"/>                |
| COUNTRY MEMBER                                  | \$535.00 | CM   | <input type="checkbox"/>                |
| 18 HOLE SUMMER MEMBER ( DAYLIGHT SAVING PERIOD) | \$420.00 | SUM  | <input type="checkbox"/>                |
| 9 HOLE SUMMER MEMBER ( DAYLIGHT SAVING PERIOD)  | \$305.00 | SUM  | <input type="checkbox"/>                |
| JUNIOR MEMBER                                   | \$100.00 | JM   | <input type="checkbox"/>                |
| JUNIOR MEMBER COUNTRY                           | \$100.00 | JMC  | <input type="checkbox"/>                |
| TERTIARY STUDENT                                | \$165.00 | TS   | <input type="checkbox"/>                |
| TERTIARY STUDENT COUNTRY                        | \$165.00 | TSC  | <input type="checkbox"/>                |
| SCHOOL CHILD WHANGAMATA                         | \$50.00  | SCW  | <input type="checkbox"/>                |
| SOCIAL MEMBER                                   | \$10.00  | SOC  | <input type="checkbox"/>                |

|                     |           |          |
|---------------------|-----------|----------|
| Previous/Other Club | Member ID | Handicap |
|---------------------|-----------|----------|

|         |  |             |  |
|---------|--|-------------|--|
| Surname |  | First Names |  |
|---------|--|-------------|--|

|        |   |   |  |            |  |
|--------|---|---|--|------------|--|
| Gender | M | F |  | Birth Date |  |
|--------|---|---|--|------------|--|

|                |  |
|----------------|--|
| Postal Address |  |
|                |  |
|                |  |

|         |  |
|---------|--|
| Bus Ph  |  |
| Fax     |  |
| Mobile  |  |
| Home Ph |  |

|           |  |
|-----------|--|
| Post Code |  |
| Email     |  |

|           |  |
|-----------|--|
| Signature |  |
|-----------|--|

|      |  |
|------|--|
| Date |  |
|------|--|

Office Use Only

Receipt No.

Cash-Cheque-Eftpos

Club ID No